

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
Completely fill in one circle.  
Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
before submitting or form will be returned.

## I Reporting Information

Year: 2012  
Fill in circle if amendment ☒  
Report Period: ☐ January/June ☒ July/December  
Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both  
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

*Amendment*  
*Cjn*  
*Amended for Sof F*

RECEIVED JUL 17 2013

## II Client Information

Name: Rehabilitation Association - NYS  
Permanent Business Address: 155 Washington Ave Suite 410  
City: Albany State: NY ZIP code: 12210  
Business Phone: 518-449-2976 Fax Number: 518-426-4329  
Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated  
Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both  
Name: Malkin & Ross Phone Number:  
Address: 80 State Street, 11th Floor  
City: Albany State: NY ZIP code: 12207  
Compensation for current period: \$17000 .00

**B** Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated  
Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both  
Name: Jeffrey Wise Phone Number:  
Address: 155 Washington Ave Suite 410  
City: Albany State: NY ZIP code: 12210  
Compensation for current period: \$5460 .00

**C** Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated  
Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both  
Name: Patricia Dowse Phone Number: 518-449-2976  
Address: 155 Washington Ave Suite 410  
City: Albany State: NY ZIP code: 12210  
Compensation for current period: \$3701 .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): **\$26161 .00**

**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

**C Itemize each expense exceeding \$75:**

PAID TO: Malkin & Ross DATE: 12 / 31 / 2012 ☐ Ad ☐ Social Event

PURPOSE: Reimbursed Expenses AMOUNT: \$ 414 .00 ☐ \*Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ .00 ☐ \*Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

☐ Continued on attached pages

\* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

**D Total expenses for current period:** \$ 414 .00 (if applicable, include all expenses from attached pages in total)

**V Source of Funding Disclosure**

**Instructions:** In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

**Contribution(s) from Single Source #1**

Single Source Entity's Name: Herkimer Area Resource Center

or  
Single Source Person's Last Name:

First Name:

Address: 350 S. Washington Street PO 271

City: Herkimer

State: NY

ZIP code: 13350

Phone: 315-574-7000

Date Contribution Received: 1 / 3 / 2012 Amount of Contribution: \$ 434 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contribution(s) Single Source #2**

Single Source Entity's Name: Occupations, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 15 Fortune Road West

City: Middletown

State: NY

ZIP code: 10941

Phone: 845-692-4454

Date Contribution Received: 4 / 11 / 2012 Amount of Contribution: \$ 1003 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name: Federation Employment & Guidance Services

or

Single Source Person's Last Name:

First Name:

Address: 315 Hudson Street

City: New York

State: NY

ZIP code: 10013

Phone: 212-366-8400

Date Contribution Received:	4	/23	/2012	Amount of Contribution:	\$953	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

#### Contributions from Single Source # 4

Single Source Entity's Name: Services for the Underserved-MR Programs, Inc.

or

Single Source Person's Last Name:

First Name:

Address: 305 Seventh Ave

City: New York

State: NY

ZIP code: 10001

Phone: 212-633-6900

Date Contribution Received:	4	/11	/2012	Amount of Contribution:	\$509	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

#### Contributions from Single Source # 5

Single Source Entity's Name: Maryhaven Voc. Rehab. Center

or

Single Source Person's Last Name:

First Name:

Address: 51 Terryville Road

City: Port Jefferson Station

State: NY

ZIP code: 11776

Phone: 631-474-4120

Date Contribution Received:	2	/28	/2012	Amount of Contribution:	\$1003	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 6

Single Source Entity's Name: Heritage Center

or  
Single Source Person's Last Name:

First Name:

Address: 101 Oak Street

City: Buffalo

State: NY

ZIP code: 14203

Phone: 716-856-4201

Date Contribution Received:	12	/ 20	/ 2012	Amount of Contribution: \$443	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

#### Contributions from Single Source # 7

Single Source Entity's Name: Southeast Works

or  
Single Source Person's Last Name:

First Name:

Address: 181 Lincoln Street

City: Depew

State: NY

ZIP code: 14043

Phone: 716-683-7100

Date Contribution Received:	12	/ 20	/ 2012	Amount of Contribution: \$ 405	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

#### Contributions from Single Source # 8

Single Source Entity's Name: J.M. Murray Center

or  
Single Source Person's Last Name:

First Name:

Address: 823 NYS Route 3

City: Cortland

State: NY

ZIP code: 13045

Phone: 607-756-9913

Date Contribution Received:	12	/ 20	/ 2012	Amount of Contribution: \$405	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

☐

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source 9

Single Source Entity's Name: Mountain Lake Services

or  
Single Source Person's Last Name:

First Name:

Address: 10 St Patrick's Place

City: Port Henry

State: NY

ZIP code: 12974

Phone: 518-546-3381

Date Contribution Received:	12	/20	/2012	Amount of Contribution: \$792	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 10

Single Source Entity's Name: Westchester County NYSARC

or  
Single Source Person's Last Name:

First Name:

Address: 265 Saw Mill Road

City: Hawthorne

State: NY

ZIP code: 10532

Phone: 914-949-9300

Date Contribution Received:	12	/20	/2012	Amount of Contribution: \$1003	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 11

Single Source Entity's Name: Fedcap Rehabilitation Services, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 211 West 14th Street

City: New York

State: NY

ZIP code: 10011

Phone: 212-727-4384

Date Contribution Received:	12	/13	/2012	Amount of Contribution: \$481	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

## V Source of Funding Disclosure

### B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

#### Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

#### Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
-----------------------------	---	---	----------------------------	-----

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

**VI** Subjects lobbied:

FUNDING; BUDGET ISSUES FOR PROVIDERS AND RECIPIENTS OF DEVELOPMENTAL DISABILITIES, COMPENSATION FOR EXECUTIVES; POLICY PERTAINING TO OFFICE OF MEDICAID INSPECTOR GENERAL

☐ Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

NYS SENATE & ASSEMBLY; EXECUTIVE; DOB; OPWDD

☐ Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A5686 S3184 A8466 S2352 A9050 S6250 A9053 S6253  
A9794 S6466 A10721 S7749 S6930 S7400

☐ Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

☐ Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

☐ Continued on attached pages

☐ Continued on attached pages

**XI** Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**  
**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE: *Patricia Dowse*

DATE: 5/15/2013

PRINT NAME: LAST Dowse

FIRST Patricia

TITLE: COO

Mark One: ☐ Chief Administrative Officer ☒ Designee(Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.